

Parental Consent Form



Personal Details

Child's Name: _____

Gender: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____

Mobile Ph: _____ Email: _____

Alternate Emergency Contact: _____

Relationship to child: _____ Mobile Ph: _____

I agree to my son/daughter _____ (name) taking part in _____ (name of course). I acknowledge the need for obedience and responsible behaviour on his/her part.

Medical Details

Does your child suffer from any allergies? Yes No
If yes, please list and detail any related medicines or inhalers used.

Does your child suffer from any medical conditions? Yes No
If yes, please give details.

Does your child have:

Impaired hearing Yes No

Impaired vision (beyond corrective lenses) Yes No

Other disability Yes No

Please detail: _____

Is your child taking any medication/treatment? Yes No
Please detail: _____

Does your child need to be in possession of or need to be able to administer medication during programme activities? Yes No

If your child is unable to administer the medication themselves, do you give permission to the person in charge/first aider to assist your child in administering the medication? Yes No

In the unlikely event of an emergency it is important to know if your child can take:

Please note: We do not administer these medications to your child/children unless explicitly directed by you. This information will be passed on to a medical professional in the event of an emergency and it is important to note in case of any contraindications e.g. No aspirin to a haemophiliac)

Paracetamol Yes No

Ibuprofen Yes No

Aspirin Yes No

When was your child's last tetanus injection? _____

Has your child has any adverse reaction to an anesthetic? Yes No
If yes, please detail. _____

Does your child have any special needs or access requirements which we could accommodate in class? Yes No

In the case of an emergency, tutors and staff will do everything possible to contact the parents/guardians so that they can make the appropriate medical decisions for their child. In extreme circumstances where medical treatment is required without delay and it has been impossible to contact those named on the consent form, I

authorise the certified first aider and/or person in charge to give consent for any medical treatment on my/our behalf. Yes No

Getting Home & Leaving the Building

Can your child walk home alone? Yes No

If no, provide the name(s) of the adult(s) permitted to collect your child:

Can your child leave the building alone for their lunch break? (children aged 13+ only) Yes No

If no, children will be supervised in the building over their lunch break.

No child will be allowed to leave alone unless we have received parental consent.

Signed: _____ Dated: _____

Dress Code

All of our classes require a deal of movement, and as such, all students attending the Gaiety School of Acting must adhere to the dress code of t-shirts/shirts, leggings or tracksuit bottoms, and runners.

Photography Policy

On occasion we will be taking photographs and video of staff and students to update our library of images and also for promotional purposes. In addition, on occasion members of the print media will take photographs of our students for publicity purposes. These images may appear on the GSA official website, our social media pages, in brochures or posters, or alongside media articles. We also endeavour to send parents photos of their children whenever our staff photographer has visited class or showcases. Please let us know below whether you consent to your child being photographed or videoed

Yes, I consent to photography & videography

No, I do not consent to my child being photographed or videoed.

I grant permission for images of my child to be used in the formats indicated above.

Signed: _____ Dated: _____

Code of Behaviour

Although we expect that your child will contribute fully and enjoy the programme, we do however reserve the right to remove any child whose behaviour may cause danger to him/herself and others. We expect that all the children fully respect the facilities. In the unlikely event that a child fails to adhere to these principles, we will notify you immediately in order that you may collect your child – who will as result, not be allowed to participate further in the programme.

Please sign to acknowledge your agreement with the above statement.

Signed: _____ Dated: _____

Gaiety School of Acting Child Protection Guidelines

I have been made aware that the Gaiety School of Acting has developed child protection guidelines, and they are committed to ensuring the safety of my child by having:

- A code of behaviour for staff and workers
- A designated person for child safety and protection
- Clear recruitment policy of all tutors
- Guidelines on confidentiality
- An anti-bullying policy
- A photography policy
- Disciplinary procedures

I confirm that all details above are correct to the best of my knowledge, and I am able to give parental consent for my child to participate in the Gaiety School of Acting activities.

Parent/Guardian Signature: _____ Date: _____